State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

	P/	ART I: OVERVIEW					
Department Of	ice/Division/Program	DECD/Economic Recovery Grant Program CARES ACT FUNDING					
Department Co	ntract Administrator or Grant Coordinator	Sharon Thomas					
(If applicable) Dep	artment Reference #	19A	19A				
Amour (Contract/Amendment/Gran	1 45 500 1100 110	Advantage CT / RQS #:	CT 19A 2020110300000000	19A 2020110300000001393			
CONTRACT	CONTRACT Proposed Start Date:		Proposed End Date:				
AMENDMENT	Original Start Date:	9/28/20	Effective Date:	11/30/20			
AMENDMENT	Previous End Date:	12/31/20	New End Date:	12/30/20			
CRANT	Project Start Date:		Grant Start Date:				
GRANT	Project End Date:		Grant End Date:				
Vendor/Provider/Grant	ee Name, City, State	Northern Maine Development Commission P.O. Box 779 Caribou, ME 04736					
Brief Description of G	oods/Services/Grant	Amendment to add \$5,500,000 to subaward of Federal CRF funds to support Maine Businesses through the Economic Recovery Grant Program.					

	PART II: JUSTIFICAT	ION FOR VENDOR SELECTION
Mark	an " X " before the justification(s) that applies to	o this request. (Check all that apply.)
	A. Competitive Process	G. Grant
X	B. Amendment	H. State Statute/Agency Directed
	C. Single Source/Unique Vendor	I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	J. Willing and Qualified
X	E. Emergency	K. Client Choice
	F. University Cooperative Project	L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The Department of Economic and Community Development was awarded CARES ACT funding to administer the Maine Economic Recovery Grant Program. This program is a joint venture between Maine DECD, Maine Revenue Services and with Maine's economic development agencies who are assisting with the grant review process and payment distribution to businesses.

2.	Provide a	brief	justification	for the	selected	vendor to s	supplement i	he re	esponse i	n P	art II	
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Maine Economic Development agencies are a network of 7 federally funded agencies who provide support services to Maine businesses statewide. Their connection to the business community provides the vehicle for DECD to facilitate the quick and effective transfer of much needed federal relief funds to thousands of Maine businesses.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Economic Development agencies are performing similar grant reviews for businesses under an existing HUD funded program with an administrative cost identified for approved and denied applications. Copying this existing model allowed DECD to access a network of business professionals around the State who could assist in the timely processing of grants for Maine businesses.

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This is one-time funding.

	PART IV: APPROVALS		
Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I approve	e of this procure	ement request.
Printed Name:	Denise Garland Da		November 30, 2020
Signature of DAFS Procurement Official:	Jaime Schorr		
Printed Name:	Jaime Schorr	Date:	12/8/2020